

## **The Dymally-Alatorre Bilingual Services Act**

### **Compliance by County Bilingual Services Survey**

It is the intent of the State Legislature that the Department of Alcohol and Drug Programs makes an assessment of the extent to which local agencies receiving funding from the Department comply with the Dymally-Alatorre Bilingual Services Act (Act). (That is, to provide services to non-English speakers, and report their actions and recommendations to ensure compliance with the Act by those local agencies.)

The Act requires every local public agency, (or private provider receiving State funds) serving a substantial number of non-English speaking people to employ a sufficient number of qualified bilingual persons in public contact positions, or as interpreters to assist those in such positions, to ensure the provision of information and services in the language of the non-English speaking person. The determination of what constitutes a substantial number of non-English speaking people and a sufficient number of qualified bilingual persons shall be made by the local agency.

Response to the following questionnaire is required in order to assess compliance with the Act.

#### **A. ABOUT THE ACT**

1. Do you know about the Act? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Do you have a staff person who is responsible for implementing this law?

Yes \_\_\_\_ No \_\_\_\_

If yes, please provide contact information:

Name \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

3. Do you have a written plan or policy for implementing the Act?

Yes \_\_\_\_\_ No \_\_\_\_\_

If not, describe whether your agency has established procedures to regularly assess the need to provide bilingual services in non-English language?

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#### **B. WRITTEN TRANSLATION**

1. How frequently does your agency review written documents and translate necessary documents into a specific non-English language? \_\_\_\_\_

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2. a. How many documents issued by your agency fall into the categories specified in the Act requiring written translation? \_\_\_\_\_
- b. How many documents still need to be translated? \_\_\_\_\_
3. How frequently does your agency create or issue new documents that would need to be translated under the Act? Please provide an estimate of the number of new documents produced each year. \_\_\_\_\_  
Please estimate the total number of pages per year. \_\_\_\_\_
4. For fiscal year 1999-2000, what was your agency budget for translation of written materials, please estimate. \$ \_\_\_\_\_
- a. The number of documents translated: \_\_\_\_\_
- b. Specify the number of documents translated into each language, both in-house and by vendors.  
In-house:  
Spanish \_\_\_\_\_ Asian \_\_\_\_\_ Filipino \_\_\_\_\_ Tagalog \_\_\_\_\_ Other \_\_\_\_\_
- Contracts with outside vendors:  
Spanish \_\_\_\_\_ Asian \_\_\_\_\_ Filipino \_\_\_\_\_ Tagalog \_\_\_\_\_ Other \_\_\_\_\_
5. For fiscal year 2000-2001, what is your agency budget for providing translation of written materials, please estimate. \$ \_\_\_\_\_
- a. The number of documents to be translated: \_\_\_\_\_
- b. Specify the number of documents translated into each language, both in-house and by vendors.  
In-house:  
Spanish \_\_\_\_\_ Asian \_\_\_\_\_ Filipino \_\_\_\_\_ Tagalog \_\_\_\_\_ Other \_\_\_\_\_
- Contracts with outside vendors:  
Spanish \_\_\_\_\_ Asian \_\_\_\_\_ Filipino \_\_\_\_\_ Tagalog \_\_\_\_\_ Other \_\_\_\_\_
6. If your agency contracts with outside vendors for written translation, please indicate the cost (per word, page, hour, or however you are charged) for translation into each non-English language. \$ \_\_\_\_\_

C. ORAL INTERPRETATION

1. a. For the fiscal year 1999-2000, how much did your agency spend on providing oral interpretation services in non-English languages? Examples of "oral interpretation" include the use of telephone translation lines, outside interpreters, or staff members whose primary job duties are to provide interpretation (do not include bilingual staff positions if a position also provides services to people who are fluent in English).  
\$ \_\_\_\_\_

b. For fiscal year 2000-2001, what was your agency budget allocation for providing oral interpretation services into a non-English language? \$ \_\_\_\_\_

2. If your agency contracts with outside vendors for oral interpretation services, please indicate the cost (per hour, contact, or however, you are charged) for interpretation into each non-English language. \$ \_\_\_\_\_

3. Do you have sufficient bilingual staff in public contact positions to provide services in languages that meet the criteria of 5% or more of people who seek services at a local office?

Yes \_\_\_\_\_ No \_\_\_\_\_

If not, how many bilingual staff deficiencies does your agency have, in which languages, and in which local office are these staff deficiencies located?

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4. If there are deficiencies in bilingual staffing, does your agency have a recruitment plan for encouraging bilingual persons to apply for these positions?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe \_\_\_\_\_

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5. How many sign language staff does your agency have? \_\_\_\_\_

If none, do you have resources to contract for these services?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list your resources: \_\_\_\_\_

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**D. OTHER FUNDING**

1. Does your agency take advantage of any federal or other non-state funding for the purpose of providing services in languages other than English? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe the sources of funding and the amount of such federal or other funds for fiscal years:

a. FY 1999-2000 \$ \_\_\_\_\_ Source(s) \_\_\_\_\_

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b. FY 2000-2001 \$ \_\_\_\_\_ Source(s) \_\_\_\_\_

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E. FUNDING

1. What is the dollar amount of your contract with ADP?

\$ \_\_\_\_\_

2. What services are provided? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

F. PROVIDERS

**The following questions apply to providers who are funded by the Department of Alcohol and Drug Programs through your County.**

1. How many providers do you contract with for funding? Submit a list of the providers with the following information for each provider:

a. The dollar amount of each contract.

b. Number of residential and number of outpatient positions.

c. Services provided.

Please return the survey by **January 18, 2002** to the following address.

Jonathan Graham  
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Sacramento, CA 95814